



# UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/939,206	08/24/2001	James M. Gill	22725-05869

COPY OF PAPERS  
CRIMINALLY FILED

JAN 17 2002  
007586  
FENWICK & WEST LLP  
TWO PALO ALTO SQUARE  
PALO ALTO, CA 94306

**CONFIRMATION NO. 3572**

**FORMALITIES LETTER**



\*OC000000006574658\*

Date Mailed: 09/19/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

**FILED UNDER 37 CFR 1.53(b)**

### *Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 355 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$225.
  - \$225 for 25 total claims over 20.
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 645.**

01/23/2002 RICHARD M. 00000000 138695 00000000

01 FEE01 00000000  
02 FEE02 00000000  
03 FEE03 00000000

*A copy of this notice **MUST** be returned with the reply.*

  
Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



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PATENT

A3

IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

APPLICANTS: James M. Gill *et al.*

APPLICATION NO.: 09/939,206

FILING DATE: August 24, 2001

TITLE: FREIGHT RATE MANAGER

EXAMINER: UNASSIGNED

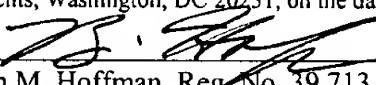
GROUP ART UNIT: 2162

ATTY. DKT. NO.: 22725-05869

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Missing Parts, Commissioner For Patents, Washington, DC 20231, on the date shown below:

Dated: November 16, 2001 By:

  
Brian M. Hoffman, Reg. No. 39,713

BOX MISSING PARTS  
COMMISSIONER FOR PATENTS  
WASHINGTON, DC 20231

RESPONSE TO NOTICE TO FILE MISSING  
PARTS OF APPLICATION

SIR:

Responsive to the Notice to File Missing Parts dated September 19, 2001 received in the above-identified patent application,

Enclosed are:

- a copy of the Notice to File Missing Parts;
- an original, signed Declaration;
- an original, signed Power of Attorney or Authorization of Agent;
- an Application Data Sheet;

payment in the amount of \$645.00 for the

application filing fee;

fee for additional claims; and

missing parts surcharge.

Other

Applicant claims small entity status under 37 C.F.R. § 1.27.

Respectfully submitted,

JAMES M. GILL *et al.*

Dated: November 16, 2001

By: 

Brian M. Hoffman, Reg. No. 39,713

Attorney for Applicants

Fenwick & West LLP

Two Palo Alto Square

Palo Alto, CA 94306

Tel.: (415) 875-2484

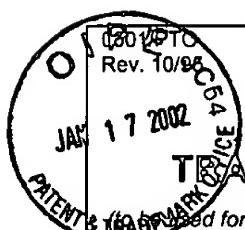
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*m.m.*  
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*Sector/11*  
+  
PTO/SB/21 (modified)

Approved for use through xx/xx/xx, OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE



U.S. Department of Commerce Patent and Trademark Office		Application Number	09/939,206
		Filing Date	August 24, 2001
		First Named Inventor	James M. Gill et al.
		Group Art Unit Number	2162
		Examiner Name	UNASSIGNED
Total Number of Pages in This Submission	10	Attorney Docket Number	22725-05869

**ENCLOSURES (check all that apply)**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)<br><input checked="" type="checkbox"/> Check Enclosed   | <input type="checkbox"/> Issue Fee Transmittal   |
| <input checked="" type="checkbox"/> Return Receipt Postcard   | <input type="checkbox"/> Letter to Chief Draftsperson  |
| <input checked="" type="checkbox"/> Response to Notice to File Missing Parts  | <input type="checkbox"/> Formal Drawing(s):<br>[ ] Sheet(s) of Figure(s) [ ]   |
| <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  |
| <input checked="" type="checkbox"/> Declaration   | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)  |
| <input checked="" type="checkbox"/> Power of Attorney   | <input type="checkbox"/> Certified Copy of Priority Document(s)  |
| <input type="checkbox"/> Application Data Sheet   | <input type="checkbox"/> After Allowance Communication to Group  |
| <input type="checkbox"/> Information Disclosure Statement & PTO-1449<br><input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| <input type="checkbox"/> Request for Corrected Filing Receipt   |  |
| <input type="checkbox"/> Request for Correction of Recorded Assignment  |  |
| <input type="checkbox"/> Amendment/Response: [ ] Page(s)<br><input type="checkbox"/> After Final                                |  |
| <input type="checkbox"/> Status Request   |  |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney  |  |

**REMARKS:**

**SIGNATURE OF ATTORNEY OR AGENT**

Signature:	
Attorney/Reg. No.:	Brian M. Hoffman, Reg. No. 33,713
Dated:	November 16, 2001

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Missing Parts, Commissioner for Patents, Washington, DC 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

Signature:	
Typed or Printed Name:	Brian M. Hoffman
Dated:	November 16, 2001
Express Mail Mailing Number (optional):	



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PTO/SB/17 (10-01)(modified)

Approved for use through 09/29/01, OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0002/PTO(modified) Rev. 10/2000	U.S. Department of Commerce Patent and Trademark Office	Complete if Known	
		Application Number	09/939,206
		Filing Date	August 24, 2001
		First Named Inventor	James M. Gill et al.
		Group Art Unit	2162
		Examiner Name	UNASSIGNED
TOTAL AMOUNT OF PAYMENT Subtotal (1) + Subtotal (2) + Subtotal (3) =		Attorney Docket Number	22725-05869
(\$ 645.00)			

METHOD OF PAYMENT		FEE CALCULATION (continued)																						
1. The Commissioner is hereby authorized to:		3. ADDITIONAL FEES																						
<input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description																				
		105/\$130	205/\$65	Surcharge - late filing fee or oath																				
		127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet																				
		147/\$2,520	147/\$2,520	For filing a request for reexamination																				
		115/\$110	215/\$55	Extension for response within first month <sup>†</sup>																				
		116/\$400	216/\$200	Extension for response within second month <sup>†</sup>																				
		117/\$920	217/\$460	Extension for response within third month <sup>†</sup>																				
		118/\$1,440	218/\$720	Extension for response within fourth month <sup>†</sup>																				
		128/\$1,960	228/\$980	Extension for response within fifth month <sup>†</sup>																				
		119/\$320	219/\$160	Notice of Appeal																				
		141/\$1,280	241/\$840	Petition to revive unintentionally abandoned application																				
		142/\$1,280	242/\$640	Utility Issue Fee (Or Reissue)																				
		143/\$460	243/\$230	Design Issue Fee																				
		122/\$130	122/\$130	Petitions to the Commissioner																				
		126/\$180	126/\$180	Submission of Information Disclosure Statement																				
		179/\$740	279/\$370	Request for Continued Examination (RCE)																				
		581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)																				
		146/\$740	246/\$370	Filing a submission after final rejection (37 CFR 1.129(a))																				
		149/\$740	249/\$370	For each additional invention to be examined (37 CFR 1.129(b))																				
		Other fee (specify):																						
		Other fee (specify):																						
SUBTOTAL (1) (\$ 355)		SUBTOTAL (3) (\$ 65)																						
2. CLAIMS		<table border="1"> <thead> <tr> <th>(Col. 1)</th> <th>(Col. 2)</th> <th>(Col. 3)</th> <th></th> </tr> <tr> <th>For</th> <th>No. of Existing Claims</th> <th>Highest No. Previously Paid For</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>45</td> <td>minus* 20 or 0</td> <td>= 25 x 9 = 225</td> </tr> <tr> <td>INDEP</td> <td>3</td> <td>minus* 3 or 0</td> <td>= 0 x 42 = 0</td> </tr> <tr> <td colspan="4">[ ] First presentation of multiple dependent claim</td> </tr> </tbody> </table>			(Col. 1)	(Col. 2)	(Col. 3)		For	No. of Existing Claims	Highest No. Previously Paid For	Fee Due	TOTAL	45	minus* 20 or 0	= 25 x 9 = 225	INDEP	3	minus* 3 or 0	= 0 x 42 = 0	[ ] First presentation of multiple dependent claim			
(Col. 1)	(Col. 2)	(Col. 3)																						
For	No. of Existing Claims	Highest No. Previously Paid For	Fee Due																					
TOTAL	45	minus* 20 or 0	= 25 x 9 = 225																					
INDEP	3	minus* 3 or 0	= 0 x 42 = 0																					
[ ] First presentation of multiple dependent claim																								
		* Subtract the greater number of Col. 2																						
		** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3																						
SUBMITTED BY		Complete (if applicable)																						
Typed or Printed Name		Brian M. Hoffman																						
Signature				Date November 16, 2001																				

<sup>†</sup> Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby